Zambia Communications Support for Health Program (CSH)

M&E Instruction Manual for HIV CSOs

March, 2012

Version 1

I. OVERVIEW OF CSH M&E SYSTEM

CSH M&E System is intended to provide relevant and up to date information to all project stakeholders so that they can understand how the project is performing and come up with ways to continuously improve. The CSH Performance Management and Evaluation Plan (PMEP) describes the project M&E system and indicators that will be used for ongoing strategic decisions and for reporting progress toward results to USAID and PEPFAR. CSH will report indicators monthly and quarterly as detailed in the PMEP. Implementation of all program activities will also be carefully tracked through monthly implementation and financial reports from the implementing partners, augmented as appropriate with information collected on monthly or quarterly site visits by members of CSH team.

CSH is implementing a set of standard data collection and reporting tools that will be used by implementing partners to ensure data validity and quality. The project will collect data from implementing partners on a monthly basis and analyze the data quarterly to inform program management and other reporting requirements. The data tools include paper based and electronic forms as well as electronic records.

II. ABOUT THIS INSTRUCTION MANUAL

Our ability to conduct quality M&E for CSH depends on all partners' participation. This manual is designed to provide guidance to CSHs sub-contractors on program data that is being collected, and how to use data collection forms, and how you can obtain information about program performance from the data that is being collected. This guide defines the primary data collectors data sources, data flow from the lower levels up to CSH and data collection instruments; and provides details on how to complete the data collection tools (forms) being used by a sub- contractor organisation.

III. DATA COLLECTION, REPORTING AND ANALYSIS TOOLS

The data tools consist of paper-based forms completed by each sub- contractor. Data from these forms is reviewed by the appropriate supervisor at the sub- contractor Organisation, and is then entered into the CSH database. The database will enable CSH easy access to the program data through reports which can be generated on demand. It is our goal for each sub grantee and/or contractor to use this information on a regular basis to inform program implementation. Each month program data from each sub grantee and/or contractor will be transferred to CSH where it will be combined with data from other sites. This will provide the CSH team with an overview of program progress across all CSH funded programs.

The diagram below illustrates the flow of data from the periphery level up to CSH project level.
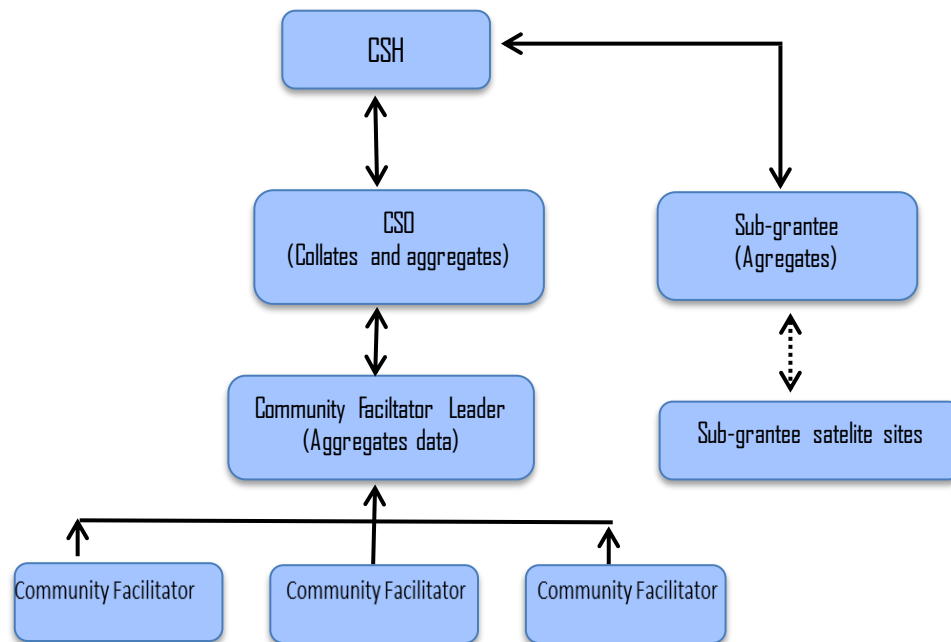
IV.   GUIDELINES ON HOW TO COMPLETE THE PAPER BASED FORMS

CSH has developed 8 forms which will be used by the sub-contractors to capture data at two levels:

A. Community Facilitator Level:

Outreach Activity Form
Radio Calendar Tool

B. CSO and Sub-grantee Level:
- CSO Monthly Activity Report
- Talkline Reporting Form
- Resource Centre Reporting Form
- SAfAIDS Referral Form
- Materials tracking Form
- Training attendance list

V.   GENERAL INSTRUCTIONS

In all the CSH funded programs, the Program Heads will be responsible for ensuring data collection is conducted and done properly.

As much as possible CSH will print reporting forms for CSOs and distribute accordingly. However, CSOs are expected to incorporate operational costs for printing in their budget. CSH will be responsible for timely and accurate input of the data into the database. Each sub-contractor will engage community facilitators/peer educators who will collect data on paper based forms. The facilitators will fill out the Outreach Activity forms and the Training attendance Register.

For Community Facilitators:

STEP 1: Ensure that each month you have received the Outreach Activity forms from the CSO that engaged your services

STEP 2: For activities undertaken, record the activities clearly preferably in CAPITAL LETTERS

STEP 3: Submit all forms to the Community Facilitator leader or CSO for onward collation and aggregation

For Program Heads of Sub- contractors:

STEP 4: Make sure that you and everyone at your organisation understands the data collection process, the forms, and what should be reported. Obtain copies of the forms and the instructions and ensure that the correct versions of the forms are being used.

STEP 5: Familiarize yourself with the data to be completed in the forms

STEP 6: Circulate the forms and the guidelines to all staff at your sites.

STEP 7: Train all relevant persons at the site on:
- The information that should be collected
- How information should be captured
- How to complete the forms

For Data Entry Officer at CSH:

STEP 1: Make sure you understand the data collection process, the forms and the data entry application

STEP 2: Learn how to use the data entry application, this manual should be your main reference. Do not hesitate in asking your Research, M&E Director any question you may have.

STEP 3: Make sure that forms are always available

VI. COMPLETION AND SUBMISSION OF THE FORMS

- The forms should be completed while the service is being provided.
- The completed forms should be submitted to the Program Heads for approval before they are passed on to CSH to be entered into a database.
- Completed data collection forms should reach CSH by the 10th of the month that follows the reporting month. E.g. the reports for January should be submitted no later than 10th February 2012.

VII.   ENSURING DATA QUALITY

FORM 1: OUTREACH ACTIVITY REPORT
About the Outreach Activity Report

The Outreach Activity Report Form will be used to capture the outreach activities spreading the HIV&AIDS messages supporting CSH campaigns. These outreach activities will be conducted by the community outreach workers. One form will be filed per outreach activity.

Behavior change outreach is a critical part of the CSH program for HIV/AIDS prevention and the data collected on this form enables program staff to monitor how many people are being reached with messages, the profile of the populations reached, and the gender and age of the population reached. It also enables us to track our geographic coverage of outreach activities to ensure we are reaching the places we have targeted, and enables community facilitators and peer educators to draw attention to issues encountered, and results achieved. Data from this report are used to report to USAID on a quarterly basis and to USAID/PEPFAR on a semi-annual basis.

Who will fill the A/AB Outreach Activity Report?

This form will be filled by each sub grantee funded by CSH. The **Community Facilitator/Peer Educator** doing the outreach activities will fill this form and it should be approved by the supervisor/site managers before the data is entered into the data base at the CSH.

How to fill the Parts/Sections of the Outreach Activity Report

- **CSH Sub grantee Organisation**: Indicate the name of the sub grantee organization which implemented the activity

- **Title of Campaign**: Indicate the title/theme of each campaign being implemented

- **Type of Activity**: Tick **ONE** activity type from the list

- **Topic of Activity**: Indicate the topic of the Activity e.g. MCP, Low condom use or Mother to child transmission

- **Location Type**: Tick **ONE** Location type from the list

- **Location/Venue**; Indicate the physical location or venue where the activity was held e.g. market, road intersection, etc.

- **Township/Village**: Indicate the name of the Township, city or village where the activity took place

- **Date of Activity**: Indicate the date when the activity took place in this format; Day/Month/Year. (E.g. 16/06/07).

- **Number of Participants by Sex/Gender and Age**: Insert the number of people reached disaggregated by gender or sex (i.e. Male or Female) and age group. There are four age categories for each gender and these are:
    1. 10 – 14
    2. 15 – 19
    3. 20 – 24

4. 25 and above

- **Results/Follow up Actions:** This section is a narrative which should capture the results of the activities which were undertaken and the planned follow up actions.

  - As much as possible this section should be able to provide data on the following division of the narrative;

    1. Who was in the group or what target group was reached?

    2. Why were they there or why did they attend the activity?

    3. What was done

    4. What follow up action is planned or expected

  - The outreach workers completing this section should also include best/good practices that can be used for planning and decision making

  - Avoid limiting your observations to only these questions and add any other information, including questions and comments raised by the participants that may be useful in the programming of future activities

  - Please use the back side of the Activity Report as needed for this narrative section.

- Once the form is completed, it should be signed by the community facilitator for the activities. Once filled it should be handed over to the supervisor of the activity who should sign and indicate the date the form has been verified before passing it to the organisation implementing the activity

Please direct any questions you may have to the M&E Specialist at CSH.

Communications Support for Health (CSH) Project: Outreach Activity Report

CSH Sub grantee Organisation: ....

Title of Campaign: ……………………………………………………………………………..

Topic of this Activity: …………………………………………………………………………….

Type of Activity:
- One on One ☐
- Group Discussion ☐

Location Type:
- Church/Mosque ☐
- School ☐
- Community ☐
- Any Other (Please State) ☐ ……………..………………

Location/Venue: ……………….……………… **Township/Village**: ………………………

Date of Activity: *(DD/MM/YYYY)* ……..…/……../…..……

Number of Participants by gender and Sex *(please record number of attendees by age group):*

Males:	Females:
10-14_____	10-14_____
15-19_____	15-19_____
20-24_____	20-24_____
25+ _____	25+ _____

Materials distributed

Number of Materials distributed	Broshure/pamplets	
	Poster	
	Job aid	
	Magazine	
	Newspaper insert	
	Other	
Number of Condoms distributed	Male	Female

Results/Follow-up Actions: (if not enough space for comments please continue at the back of the form):

Name(s) of Community Facilitator(s)/Peer Educator(s): ……………………………………………………

Supervisor (Name and Signature: …………..……………….. **Date Verified:** *(D/M/Y)* ………/……./……